Attachment 2

JOB DESCRIPTION: SURGICAL ASSISTANT

The *Standards and Guidelines for the Accreditation of Educational Programs in Surgical Assisting* have been approved by the Association of Surgical Technologists (AST), American College of Surgeons (ACS), Accreditation Review Committee on Education in Surgical Technology (ARC/STSA), Subcommittee on Accreditation for Surgical Assisting (SASA), and the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and include this description of the profession of surgical assisting:

As defined by the American College of Surgeons (ACS), surgical assistants provide aid in exposure, hemostasis, closure, and other intraoperative technical functions that help the surgeon carry out a safe operation with optimal results for the patient. In addition to intraoperative duties, the surgical assistant also performs preoperative and postoperative duties to better facilitate proper patient care. The surgical assistant performs these functions during the operation under the direction and supervision of the surgeon and in accordance with hospital policy and appropriate laws and regulations.

Education

Surgical assistants graduate from surgical assisting programs accredited through ARC/STSA, a collaborative effort of AST, ACS, and SASA, by CAAHEP. CAAHEP is a recognized accreditation agency of the Council for Higher Education Accreditation (CHEA). In addition, surgical assisting programs are located in educational institutions that are institutionally accredited by agencies recognized by the United States Department of Education (USDE), The Joint Commission, or an agency acceptable to CAAHEP and the ARC-ST. The ARC/STSA is also a member of the Association of Specialized and Professional Accreditors (ASPA).

Credentials

Certification is conferred by the National Board of Surgical Technology and Surgical Assisting (NBSTSA). Initial certification as a Certified Surgical First Assistant (CSFA) is based upon satisfactory performance on the national certifying examination following completion of an accredited program in surgical assisting or another pathway acceptable to the NBSTSA. CSFAs maintain their certification by earning 75 hours of approved continuing education in a four-year period or by successfully retaking the certifying examination at the conclusion of the four-year period.

The NBSTSA's certification program is accredited by the Institute for Credentialing Excellence (ICE) the accreditation division of the National Organization for Competency Assurance (NOCA) and is in compliance with

NCCA's *Standards for the Accreditation of Certification Programs*. NCCA standards and accreditation services are referenced requirements in state and federal legislation pertaining to personnel certification. NOCA is accredited by the American National Standards Institute (ANSI) as a developer of American National Standards. ANSI accreditation provides third-party validation that NOCA's standards development process ensures openness and due process.

The American College of Surgeons strongly supports adequate education and training of all surgical assistants, supports the accreditation of all surgical assisting educational programs, and supports examination for certification of all graduates of accredited surgical assistant educational programs.

Professional Organizations

The professional organizations for surgical assistants are the Association of Surgical Assistants (ASA) along with its partner organization, the Association of Surgical Technologists. AST was formed in 1969 with the support of the American College of Surgeons, American Medical Association (AMA), American Hospital Association (AHA), and Association of periOperative Registered Nurses (AORN). ASA and AST represent the interests of over 5,000 surgical assistants.

ASA's and AST's primary purposes are to ensure that surgical assistants have the knowledge and skills to administer patient care of the highest quality and are the principal providers, in conjunction with more than 40 state organizations of continuing education for surgical assistants. AST also works with ARC/STSA and NBSTSA to set standards for education and certification and represents the profession at state and national levels to ensure that all surgical assistants attain the Certified Surgical First Assistant (CSFA) credential as a condition of employment.

Role of the Surgical Assistant

The following description of the surgical assistant has been approved by the American College of Surgeons and Association of Surgical Technologists:

1. Positioning the patient
   - A. The surgeon shall convey the exact position that will give the best exposure for the surgical procedure. The surgical assistant will carry out this order. Consideration will be given to the patient's comfort and safety.
   - B. Points of pressure shall be padded: elbows, heels, knees, eyes, face, and axillary region.
   - C. Circulation shall not be impaired. (A tourniquet may be required for some procedures.)
   - D. Nerve damage shall be guarded against.

E. The temperature of the patient should be discussed with the anesthesia personnel and methods employed to maintain the desired temperature range.

F. The surgical assistant shall be familiar with common positions related to the surgical procedure and will be able to use the equipment necessary to provide the position. Competencies will include the following:
   (1) Fracture tables
   (2) Head stabilizers
   (3) Body stabilizers
   (4) C-arm extensions
   (5) Any other equipment needed

G. Upon completion of the procedure, the patient shall be evaluated for any possible damage from positioning which will include assessment of the skin. The abnormal condition shall be reported to the surgeon and treatment and documentation shall be carried out.

2. Providing visualization of the operative site by the following:
   A. Appropriate placement and securing of retractors with or without padding
   B. Packing with sponges
   C. Digital manipulation of tissue
   D. Suctioning, irrigating, or sponging
   E. Manipulation of suture materials (e.g., loops, tags, running sutures)
   F. Proper use of body mechanics to prevent obstruction of the surgeon's view

3. Utilizing appropriate techniques to assist with hemostasis
   A. Permanent
      (1) Clamping and/or cauterizing vessels or tissue
      (2) Tying and/or ligating clamped vessels or tissue
      (3) Applying hemostatic clips
      (4) Placing local hemostatic agents
   B. Temporary
      (1) Applying tourniquets and demonstrating awareness of the indications/contraindications for use with knowledge of side effects of extended use
      (2) Applying vessel loops
      (3) Applying noncrushing clamps
      (4) Applying direct digital pressure

4. Participating in volume replacement or autotransfusion techniques as appropriate

5. Utilizing appropriate techniques to assist with closure of body planes
   A. Utilizing running or interrupted subcutaneous sutures with absorbable or nonabsorbable material
   B. Utilizing subcuticular closure technique with or without adhesive skin closure strips

C. Closing skin with method indicated by surgeon (suture, staples, etc
D. Postoperative subcutaneous injection of local anesthetic agent as directed by the surgeon

6. Selecting and applying appropriate wound dressings, including the following:
   A. Liquid or spray occlusive materials
   B. Absorbent material affixed with tape or circumferential wrapping.
   C. Immobilizing dressing (soft or rigid)
7. Providing assistance in securing drainage systems to tissue